

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090158

Entity Name: ACTIVE RESTORATION, LLC

Current Principal Place of Business:

250 LAKEVIEW DR
NORTH FORT MYERS, FL 33917

Current Mailing Address:

310 NW 1ST PL
CAPE CORAL, FL 33993 US

FEI Number: 27-1018082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVERONE, SUSAN P
250 LAKEVIEW DR
NORTH FORT MYERS, FL 33917 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN P. LEVERONE

03/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LEVERONE, SEAN P
Address 250 LAKEVIEW DR
City-State-Zip: NORTH FORT MYERS FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAN P. LEVERONE

MGRM

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date